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Original Research Article

Unsafe abortion: journey from unmet needs to denial for contraception

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ABSTRACT

Background: Easy over the counter availability of abortion pills leads to unsupervised rampant use of the pills which further results in physical and mental health complications and social and financial burdens for women, communities and health systems. Aims and objectives were to study the sociodemographic, obstetric and clinical profile of the women presenting with unsupervised intake of abortifacient, and to study the acceptance of post abortal contraception and also the method of contraception accepted.
Methods: This present study was carried out in women with history of unsupervised self-intake of abortifacient and presenting with complain of bleeding per vaginum and various other complications in the emergency or outpatient department of obstetrics and gynaecology between October 2022 to September 2023 at Nehru Hospital, BRD Medical college, Gorakhpur. Complete personal, sociodemographic and obstetric history was obtained. Complete general and systemic examination was done and all routine investigations were sent.
Results: A total of 197 women were enrolled in this study. In our study majority 39.48% (n=77) of women were between 25-30 years age. 56.34% (n=111) belonged to low socioeconomic strata and 69.54% (n=137) resided in urban area. 42.63% (n=84) were gravida 3 or more. 22.8% cases took abortifacient pills beyond 9 weeks of gestation. All patients procured the contraceptive from local practitioner, quacks, medical stores and chemists without any consultation from gynecologist. Most frequent complain was Chronic bleeding per vaginum with RPOC (n=112, 56.85%). Majority patients had moderate to severe anemia and 53.8% (n=106) required blood transfusion. 2.03% (n=4) presented with features of sepsis and 2.03% (n=4) presented with ruptured ectopic. Majority (n=160, 81.21%) didn't opt for post abortion contraception.
Conclusions: One major contributor to unsafe abortions is the easy availability of abortion pills. These pills should be restricted from over-the-counter sales and made available to the public only through authorized MTP centres with a proper prescription.

Keywords: Unsafe abortion, Unsupervised MTP, Self-intake of abortifacient, Postabortal contraception, Unmet needs

INTRODUCTION

An unexpected pregnancy is one that is not desired or that is mistimed. While some of these pregnancies will be welcomed and celebrated, others may result in abortion or miscarriage. The World Health Organization (WHO) defines unsafe abortion as a procedure for terminating a pregnancy performed by persons lacking the necessary skills or in an environment not in conformity with minimal medical standards, or both.[1] An estimated 45 per cent of all abortions are unsafe, hospitalizing about 7 million women a year globally, costing an estimated $553 million per year in treatment costs alone, and contributing to a significant share of all maternal morbidity and 4.7-13.2 per cent of all maternal deaths.[2]

Out of all unintended pregnancies that happen each year globally, more than one in seven occur in India. Studies indicate that unintended pregnancy is associated with lower utilization maternal health care facility and poor infant and maternal health outcomes. Unsafe abortion remains the third leading cause of maternal mortality in

India. Close to 8 women die each day due to complications resulting from unsafe abortion.[2]

The unmet need for family planning

In the present Indian scenario, 27% of non-first order births have a birth interval shorter than 24 months and the uptake of family planning methods is skewed toward female sterilization- 37.9% with total unmet needs amounting to 9.4%.[3] Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour.[4]

India's primary focus should be on meeting the demand for family planning and contraceptives while improving access to safe abortion services, including medical methods. By expanding the availability of reversible contraceptives, early pregnancies and short-interval pregnancies that risk maternal and newborn health can be prevented. Family planning counselling must emphasize on informed choice and voluntarism in adopting contraceptives. Many users discontinue contraceptive methods due to issues like poor quality of care, limited availability, side effects, and stigma, despite not wanting to become pregnant. Comprehensive data and further analysis are required to understand the reasons behind method discontinuation and to ensure users can switch to other reliable options.[2]

Aims and objectives

Aims and objectives were: to study the sociodemographic, obstetric and clinical profile of the women presenting with unsafe abortion, and to study the acceptance of post abortal contraception.

METHODS

Type of study

It was a cross-sectional type of study.

Study place and time period

This study was conducted in the women with history of unsupervised self-intake of abortifacient and presenting with complain of bleeding per vaginum and various other complications in the emergency or outpatient department of obstetrics and gynecology from October 2022 to September 2023 at Nehru hospital, BRD Medical College, Gorakhpur.

Inclusion criteria

Women with history of unsupervised self-intake of abortifacient were included.

Exclusion criteria

Women with history of spontaneous abortion were excluded.

Detailed history was collected from the patients regarding age, parity, socioeconomic status, last menstrual period, presenting complaints, source of pill procurement, reason for abortion, time interval between pill intake and visit to hospital etc. A detailed examination and ultrasonography were done, routine investigations were sent and according to the condition of the patient, treatment was given and the outcome and complications analysed. Once the patient was stabilised, an appropriate contraception choice was offered.

RESULTS

In this study there were a total of 197 patients.

Table 1 depicts the sociodemographic history. Majority women were in the 26-30 years age group i.e., 77 (39.48%), 8 (4.1%) were less than 20, 50 (25.38%) were between 20-25, 46 (23.35%) were between 31-35 years and 14 (7.1%) were between 36-40 years.

The majority of cases belonged to lower socioeconomic status i.e., 111 (56.34%) and the rest belonged to middle socioeconomic status i.e., 86 (43.65%).

A total of 137 cases (69.54%) belonged to urban areas and remaining 60 cases (30.45%), belonged to rural areas.

Table 1: Sociodemographic history.

Variables	Number (n=197)	Percentage
Age (in years)		
<20	8	4.1
20-25	50	25.38
26-30	77	39.48
31-35	46	23.35
36-40	14	7.1
Socioeconomic status		
Lower	111	56.34
Middle	86	43.65
Upper	0	0
Residence		
Rural	60	30.45
Urban	137	69.54

A total of 63 (31.97%) cases had a history of previous caesarean section while 141 (71.57%) had a history of all previous normal vaginal births. 5 (2.53%) cases had a history of previous medical abortion and 47 (23.86%) had a history of previous surgical abortion (Table 2).

A majority i.e. 84 (42.63%) cases were 3rd gravida, 39 (19.79%) were 4th gravida, 30 (15.22%) were 2nd gravida, 23 (11.67%) were 5th gravida, 13 (6.59%) were

primigravida among which six were unmarried female. The remaining 8 (4.06%) were beyond 5th gravida.

Most of the cases i.e. 67 (34.01%) were between gestational age 8-9 weeks, 34 (17.25%) were between 6-7 weeks, 35 (17.76%) were between 7-8 weeks, 28 (14.21%) were 10 or more weeks, 17 (8.62%) were between 9-10 weeks and the remaining 16 (8.12%) were between 5-6 weeks.

Only six (3.04%) were using contraception, one of which included ligation failure while the rest 191 (96.95%) were not using any sort of contraception.

Table 2: Obstetric history of cases.

Variables	Number (n=197)	Percentage
Obstetric history		
Previous all vaginal delivery	141	71.57
Previous caesarean section	63	31.97
Previous medical abortion	5	2.53
Previous surgical abortion	47	23.86
Gravida		
G1	13	6.59
G2	30	15.22
G3	84	42.63
G4	39	19.79
G5	23	11.67
>G5	8	4.06
Gestational age		
5w-5w 6d	16	8.12
6w-6w 6d	34	17.25
7w-7w 6d	35	17.76
8w-8w 6d	67	34.01
9w-9w 6d	17	8.62
≥10wk	28	14.21
Contraceptive history		
Yes	6	3.04
No	191	96.95

Table 3 depicts the clinical presentation of the cases.

A majority i.e. 112 (56.85%) cases presented with chronic bleeding with retained products of conceptus, 61 (30.96%) cases presented with excessive bleeding, 16 (8.12%) of them had post abortion menorrhagia, 4 (2.03%) presented with septic shock.

Table 3: Clinical presentation.

Presentation	Number	%
Excessive bleeding	61	30.96
Chronic bleeding with RPOC	112	56.85
Septic shock	4	2.03
Post abortion menorrhagia	16	812
Rupture ectopic	4	2.03

Table 4 depicts the complications at presentation. A majority of patients presented with moderate to severe anemia. Among these, 106 (53.8%) cases required blood transfusion. 15 (17.61%) cases were in hypovolemic shock on presentation, 4 (2.03%) cases presented with septic abortion and 4 (2.03%) required laparotomy for rupture ectopic.

Table 4: Complications.

Complications	Number	%
Severe anemia (Hb<7 g/dl)	68	34.51
Hypovolemic shock	15	17.61
Septic abortion	4	2.03
Required blood transfusion	106	53.8

Table 5 depicts the postabortal contraception acceptance. A very few of them i.e. 37 (18.78%) opted for post abortion contraception out of which 23 (11.67%) opted for copper T insertion, 9 (4.56%) opted for Laparoscopic ligation, 5 (2.53%) opted for Chhaya.

Table 5: Contraceptive acceptance.

Variables	Number	%
Contraception acceptance		
Yes	37	18.78
No	160	81.21
Type of contraceptive accepted		
Copper T	23	11.67
Lap ligation	9	4.56
Chhaya	5	2.53

DISCUSSION

In our country there is severely lacking awareness regarding abortion pills due to several reasons such as illiteracy, poverty, belief systems, desire to limit family size and spacing pregnancy.

Mifepristone and Misoprostol are “Schedule H” drugs and are to be sold retail on the prescription of a Registered Medical Practitioner only. But unfortunately, it is sold as an over the-counter drug in most of the pharmacies in India. When the MTP pill is bought over-the-counter by a woman or her husband or relative and when the pill is taken by a person without any medical prescription or supervision, it is said as “self-medication”. Easy over the counter availability of abortion pills leads to unsupervised rampant use of these pills which in turn leads to various complications such as incomplete abortion, failed abortion, abortion with sepsis or shock or anemia or even death.[5]

MTP pill if prescribed in correct regimen and with consideration to gestational age and health condition of the women has a success rate of about 93-98%.[5]

In our study, 197 women were evaluated for maternal outcome associated with self-medication of abortion pills.

It was observed that majority of the women who took self-abortion pills were between 25-30 years (39.48%) which is similar to study by Thakur et al having 36% and Lavanya et al with 39.1% in the same group.[5,6] This shows that younger women are choosing self-medication for abortion more frequently than older women due to unplanned pregnancy, incomplete awareness regarding contraception, lack of decision making or under the influence of their husband or family members. This group also comprises of unmarried pregnant females who self-medicate themselves to escape the torment of the obvious social stigma they dread to face. Also, many of them do not understand the difference between emergency contraceptive pills and abortion pills and thus land up with various complications after improper use.

In our study, pill misuse was more widespread among low socioeconomic strata (56.34%) owing to their ignorance and unawareness. This finding is in line with study by Pallavi et al (32.3%) and Lavanya et al (60.8%).[5,8]

Majority of the cases resided in the urban area (69.54%) similar to study by Agarwal et al (70%), suggesting easy accessibility of abortifacient drugs in the urban setup at various medical stores.[13] In another study by Singh et al, the majority i.e. 63.3% cases resided in the rural area.[8]

More than 3/4th of the women (76%) was gravida 3 or more. These results were similar to studies by Bhalla et al (77%), Khanam et al (88%), Thakur et al (80%) and Agarwal et al (73.7%).[6,7,12,13] This suggests that patients usually want spacing or want to limit family size after the birth of the second child but are unable to do so due to their faulty contraceptive behaviour. This could be attributed to their negligent attitude towards family planning, poor knowledge about the availability of the family planning services, embarrassment or hesitation for contraceptive use, opposition by husband or others, fear of side effects or in some cases due to contraception failure.

In present study, 22.8% patients took the abortifacient pills beyond 9 weeks of gestation unaware of the complications resulting from medical abortion beyond a certain gestational age. This finding corroborated with the study by Singh et al where 32% took the pills between 9-12 weeks of gestation and 8% took it beyond >12 weeks of gestation.[8]

All of the patients procured the pill from unregistered doctors, quacks, medical stores and chemists without any consultation or ultrasonography. These results were in line with the studies by Pal et al where 90% cases procured the pills from local pharmacies.[9] Despite the liberal abortion care services provided in our country, women tend to procure abortion pills from the above-mentioned sources and self-medicate themselves. Easy access to over-the-counter medications was the primary justification given by patients for not seeking treatment at authorized medical centres, as instead of engaging in additional time-consuming processes at authorized centres, it meant a speedy resolution to their issue. Also, many couples find it safe, hassle free and also at the same time maintains their confidentiality.

Most frequent complain among the cases was excessive bleeding (30.96%) or chronic bleeding pattern with RPOC (56.85%). This finding is in line with studies by Singh et al (46.6%), Bhalla et al (49%), Srivastava et al (76.2%) and Khanam et al (85.9%).[7,8,10,12] Surgical evacuations were required in almost all of these patients. This can be attributed to the inconsistent or incomplete MTP regimens being prescribed by untrained personnel. In India where anemia is a prevalent condition, such bleeding can further worsen the condition of the patient. Infact, in our study nearly 34.51% patients reported with severe anemia and 53.8% required blood transfusion similar to studies by Kavina et al (22.5%), Srivastava et al (26%), and Kumari et al (25.5%).[10,11,15]

Grave life threatening complications such as sepsis can develop in patients opting for unsafe abortion. In our study, 2.03% women presented with features of sepsis like fever, pain abdomen etc. which is similar to the study by Kumari et al (4.8%) and Khanam et al (2%).[11,12]

Patients had no ultrasonography to confirm intrauterine pregnancy prior to the intake of the pill. Therefore, some cases (2.03%) also presented with ruptured ectopic pregnancy similar to study by Srivastava et al (1%) and Pallavi et al (3.3%) and required emergency laparotomy.[8,10]

Only (n=37) 18.78% cases opted for post abortal contraception which is contrary to the study by Indumathi et al where 86.80% patients chose some or the other methods of contraception.[14]

CONCLUSION

Three main issues highlighted in our study were unmet needs, unsafe abortion and denial for contraception. Despite the various government schemes directed towards family planning, women are reluctant to opt for any contraception due to their negligent attitude, poor knowledge about the availability of the family planning services, embarrassment or hesitation for contraceptive use, opposition by husband or others, and fear of side effects. Easy access to abortion pills is one of the main reasons behind unsafe abortion. Abortion pills should be banned as over the counter drug and should reach the public only through authorized MTP centres after proper prescription. In our study, majority of patients (85.56%) did not opt for post abortal contraception which again is evidence of their ignorance. There is a need to counsel women of reproductive age group that MTP is not a way to control unwanted birth and is nor free from risk.

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